

NON-DISCLOSURE AGREEMENT
Company Questionnaire Request for Information

What will the Non-Disclosure Agreement allow you to do?

A Non-Disclosure Agreement constitutes only **an exchange of information**. If work of any kind is to be performed, another type of agreement needs to be negotiated. For a matrix of agreement types, call (505) 665-9090 or visit our web site at <http://www.lanl.gov/partnerships>

To initiate:

Complete and return the attached Participant Questionnaire to the NDA Specialist listed below

AN AGREEMENT WILL NOT BE PREPARED WITHOUT THE RETURN OF THIS QUESTIONNAIRE

Review the attached DRAFT Agreement

Language Negotiations: The Industrial Business Development Office (IBDO) has signature authority to quickly execute this document if your company does not take exception to the language in the Agreement. However, if changes need to be made, the University's LANL's legal department must review and approve those changes. THIS WILL DELAY EXECUTION OF THE AGREEMENT.

What to expect after completed questionnaire is returned:

The University (LANL) NDA Specialist will prepare the Agreement and execute

Two University (LANL) executed copies of the Agreement will be forwarded to your Company's Administrator to obtain company signature. Company will keep one original, and return the other to the NDA Specialist shown below.

Questions?

call or e-mail Patricia Grall
Telephone: (505) 665-3441
Fax: (505) 665-0154
e-mail: pgrall@lanl.gov

FED EX Address

Los Alamos National Laboratory
Attn: Pat Grall, Drop Pt 00132501U, MS C334
Bikini Atoll Road, Bldg. SM-30
Los Alamos, NM 87545

The information collected in this questionnaire is necessary for the University/Los Alamos National Laboratory, to meet government reporting requirements. Please completely fill out this questionnaire.

1. Company Information

Company/Participant Name (include Acronym)					# Employees
Division			Web Site		
Business Mailing Address					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Business Description (non-proprietary)					

2. Company's Foreign Information

a) Is the Company foreign owned or controlled? Yes _____ No _____
If "Yes," please identify ownership, percentages and countries of non-US ownership, and any additional information which may be pertinent to this agreement. Additional internal reviews and approvals will be required.

b) Will the University be giving its Proprietary Information directly to a foreign employee(s) of your Company?
NO _____

YES _____ If Yes, is the employee(s) a Permanent Resident Alien? Yes _____ No _____ If No, identify country of citizenship:

3. Is the Company (check all that apply):

- | | |
|--|---|
| a. _____ Woman Owned Business | m. _____ Foreign Participation |
| b. _____ Minority Owned Business | n. _____ Consortium, |
| c. _____ Native American Owned Business | _____ Partnership or |
| d. _____ Asian American Owned Business | _____ Joint Venture |
| e. _____ African American Owned Business | o. _____ Trade Association |
| f. _____ Hispanic Owned Business | p. _____ Historically Black College or University |
| g. _____ Small Business (13 C.F.R. Part 121) | q. _____ Academic Institution |
| h. _____ Medium Business | r. _____ State Government |
| i. _____ Large Business (Fortune 500) | s. _____ Local Government |
| j. _____ Not-for-Profit Firm | t. _____ Foreign Government |
| k. _____ Non-Profit (IRC Sections 505 & 503) | u. _____ LANL Spin-Off |
| l. _____ Certified 8(a) Firm | v. _____ Other: _____ |

4. Technical Contact

Name			Title		
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)		
Division					
Mailing Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Telephone	Ext.	Fax	E-Mail		

5. Contract Administrator Check (✓) If same as () Technical Contact

Name			Title		
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)		
Division					
Mailing Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Telephone	Ext.	Fax	E-Mail		

6. Signature Authority: Check (✓) If same as () Technical Contact or () Contract Administrator

Name			Title		
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)		
Division					
Mailing Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Telephone	Ext.	Fax	E-Mail		